

STATE OF TENNESSEE

Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED		1. DECEASED'S LEGAL NAME (First, Middle, Last, Suffix) Gerald Lewis Collis		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) July 12, 2017	
4. TIME OF DEATH (Approx.) 9:50 AM		5a. AGE-Last Birthday (Years) 74		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) 1942		7. BIRTHPLACE (City and State or Foreign Country) Columbus, Indiana		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify)			
8b. FACILITY NAME (if not institution, give street and number)		8c. CITY OR TOWN Maryville		8d. COUNTY OF DEATH Blount			
9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (If wife, give name prior to first marriage) Susan Elizabeth Rohr		11a. DECEASED'S USUAL OCCUPATION Coordinator		11b. KIND OF BUSINESS/INDUSTRY Museum	
12. SOCIAL SECURITY NUMBER 0713		13a. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		13b. COUNTY Blount		13c. CITY OR TOWN Maryville	
13d. STREET AND NUMBER		13e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 37803		14. WAS DECEASED EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 6th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		16. DECEASED OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) <input type="checkbox"/> Unknown		17. DECEASED'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown			
18. FATHER'S NAME (First, Middle, Last) Not Available		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Not Available		20a. INFORMANT'S NAME Susan Elizabeth Collis			
20b. RELATIONSHIP TO DECEASED Wife		20c. MAILING ADDRESS (Street, City, State, Zip Code) Maryville, TN 37803		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Tennessee Veterans Cemetery		21c. LOCATION - City or Town and State Knoxville, TN		22a. SIGNATURE OF FUNERAL DIRECTOR Robert Caldwell, Jr.			
22b. LICENSE NUMBER 4405		22c. SIGNATURE OF EMBALMER David Compton		22d. LICENSE NUMBER 6312			
23a. NAME AND ADDRESS OF FUNERAL HOME Smith Funeral & Cremation Service, Maryville, Tennessee 37803		23b. LICENSE NUMBER OF FUNERAL HOME 108		24. REGISTRAR'S SIGNATURE Selena Norton L.R.			
25. DATE FILED (Month, Day, Year) July 26, 2017		26. CERTIFIER (Check only one): 26a. <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.		27a. SIGNATURE OF CERTIFIER [Signature]			
27b. LICENSE NUMBER 34071		27c. DATE SIGNED (Month, Day, Year) 7-18-17		27d. NAME AND ADDRESS UT Hospice, 4435 Valley View Drive Suite 104 Knoxville, TN 37917			
28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST a. acute and chronic respiratory failure b. End stage COPD c. d. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):		29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc. (Specify)	
34e. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY (Street and Number, City or Town, State)					

PH-1659 (Rev. 10/2011)

RDA 1399

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Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.



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Date Issued:

JUL 27 2017

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD

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